

# Hospital Statement of Cost

BHF Page 1

Healthcare and Family Services, Bureau of Health Finance, 201 S. Grand Ave. E., Springfield, IL 62763

## General Information PRELIMINARY

|                                                                        |                     |                                      |  |
|------------------------------------------------------------------------|---------------------|--------------------------------------|--|
| Name of Hospital:<br>University of Illinois Hospital & Health Sciences |                     | Medicare Provider Number:<br>14-0150 |  |
| Street:<br>1740 W. Taylor Street                                       |                     | Medicaid Provider Number:<br>3098    |  |
| City:<br>Chicago                                                       | State:<br>Illinois  | Zip:<br>60612                        |  |
| Period Covered by Statement:                                           | From:<br>07/01/2018 | To:<br>06/30/2019                    |  |

## Type of Control

| Voluntary Nonprofit                            | Proprietary                          | Government (Non-Federal)        |                                                |
|------------------------------------------------|--------------------------------------|---------------------------------|------------------------------------------------|
| <input type="checkbox"/> Church                | <input type="checkbox"/> Individual  | <input type="checkbox"/> State  | <input type="checkbox"/> Township              |
| <input type="checkbox"/> Corporation           | <input type="checkbox"/> Partnership | <input type="checkbox"/> City   | <input type="checkbox"/> Hospital District     |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Corporation | <input type="checkbox"/> County | <input type="checkbox"/> Other (Specify) _____ |

## Type of Hospital

|                                             |                                         |                                                |
|---------------------------------------------|-----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> General Short-Term | <input type="checkbox"/> Psychiatric    | <input type="checkbox"/> Cancer                |
| <input type="checkbox"/> General Long-Term  | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Other (Specify) _____ |

## Health Care Program

(A Separate Report Must Be Filled Out For Each Distinct Part Unit)

|                                               |                                                 |                                |
|-----------------------------------------------|-------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Medicaid Hospital    | <input type="checkbox"/> Medicaid Sub II Rehab  | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Medicaid Sub I Psych | <input type="checkbox"/> Medicaid Sub III Other | <input type="checkbox"/> _____ |

**NOTE: Intentional Misrepresentation Or Falsification Of Any Information In This Cost Report May Be Punishable By Fine And / Or Imprisonment Under Federal Law**

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S):

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) University of Illinois Hospital & 3098 for the cost report beginning 07/01/2018 and ending 06/30/2019 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

Signed (Officer or Administrator of Provider(s)):

\_\_\_\_\_  
Name (Typewritten)  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Telephone Number  
\_\_\_\_\_  
Email Address

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Name (Typewritten)  
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Title  
\_\_\_\_\_  
Date  
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Telephone Number  
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Email Address

This State Agency is requesting disclosure of information that is necessary to accomplish statutory purposes as found in Section 5 of the (305 ILCS 5/) Healthcare and Family Services Code (from Ch. 23, Par. 5). Failure to provide any information on or before the due date will result in cessation of program payments. This form has been approved by the Forms Mgt. Center.

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

**PRELIMINARY**

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>14-0150</b>           | <b>Medicaid Provider Number:</b>    | <b>3098</b>                            |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 07/01/2018 To: 06/30/2019</b> |

| Line No.               | Inpatient Statistics  | Total Beds Available | Total Bed Days Available | Total Private Room Days | Total Inpatient Days Including Private Room Days | Percent Of Occupancy (Column 4 Divided By Column 2) | Number Of Admissions Excluding Newborn | Number Of Discharges Including Deaths Excluding Newborn | Average Length Of Stay By Program Excluding Newborn |
|------------------------|-----------------------|----------------------|--------------------------|-------------------------|--------------------------------------------------|-----------------------------------------------------|----------------------------------------|---------------------------------------------------------|-----------------------------------------------------|
| <b>Part I-Hospital</b> |                       | (1)                  | (2)                      | (3)                     | (4)                                              | (5)                                                 | (6)                                    | (7)                                                     | (8)                                                 |
| 1.                     | Adults and Pediatrics | 303                  | 110,595                  |                         | 70,159                                           | 63.44%                                              |                                        | 19,417                                                  | 5.11                                                |
| 2.                     | Psych                 | 50                   | 18,250                   |                         | 13,012                                           | 71.30%                                              |                                        | 1,011                                                   | 12.87                                               |
| 3.                     | Rehab                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 42                   | 15,330                   |                         | 13,139                                           | 85.71%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    | 19                   | 6,935                    |                         | 5,688                                            | 82.02%                                              |                                        |                                                         |                                                     |
| 7.                     | Pediatric ICU         | 18                   | 6,570                    |                         | 1,687                                            | 25.68%                                              |                                        |                                                         |                                                     |
| 8.                     | Neonatal ICU          | 52                   | 18,980                   |                         | 8,629                                            | 45.46%                                              |                                        |                                                         |                                                     |
| 9.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.                    | Newborn Nursery       |                      |                          |                         | 3,360                                            |                                                     |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>484</b>           | <b>176,660</b>           |                         | <b>115,674</b>                                   | <b>65.48%</b>                                       |                                        | <b>20,428</b>                                           | <b>5.50</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 7,270                                            |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |              |              |     |              |             |
|------------------------|-----------------------|-----|-----|-----|--------------|--------------|-----|--------------|-------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)          | (5)          | (6) | (7)          | (8)         |
| 1.                     | Adults and Pediatrics |     |     |     | 3,323        |              |     | 2,091        | 3.41        |
| 2.                     | Psych                 |     |     |     |              |              |     |              |             |
| 3.                     | Rehab                 |     |     |     |              |              |     |              |             |
| 4.                     | Other (Sub)           |     |     |     |              |              |     |              |             |
| 5.                     | Intensive Care Unit   |     |     |     | 629          |              |     |              |             |
| 6.                     | Coronary Care Unit    |     |     |     | 206          |              |     |              |             |
| 7.                     | Pediatric ICU         |     |     |     | 263          |              |     |              |             |
| 8.                     | Neonatal ICU          |     |     |     | 2,715        |              |     |              |             |
| 9.                     | Other                 |     |     |     |              |              |     |              |             |
| 10.                    | Other                 |     |     |     |              |              |     |              |             |
| 11.                    | Other                 |     |     |     |              |              |     |              |             |
| 12.                    | Other                 |     |     |     |              |              |     |              |             |
| 13.                    | Other                 |     |     |     |              |              |     |              |             |
| 14.                    | Other                 |     |     |     |              |              |     |              |             |
| 16.                    | Other                 |     |     |     |              |              |     |              |             |
| 17.                    | Other                 |     |     |     |              |              |     |              |             |
| 18.                    | Other                 |     |     |     |              |              |     |              |             |
| 19.                    | Other                 |     |     |     |              |              |     |              |             |
| 20.                    | Other                 |     |     |     |              |              |     |              |             |
| 21.                    | Newborn Nursery       |     |     |     | 1,131        |              |     |              |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>8,267</b> | <b>7.15%</b> |     | <b>2,091</b> | <b>3.41</b> |

| Line No. | Part III - Outpatient Statistics - Occasions of Service | Program | Total Hospital |
|----------|---------------------------------------------------------|---------|----------------|
| 1.       | Total Outpatient Occasions of Service                   | 153,220 | 573,114        |

**Hospital Statement of Cost / Apportionment of Ancillary Services to Health Care Programs**

BHF Page 3

PRELIMINARY

|                           |  |  |  |                              |            |     |            |
|---------------------------|--|--|--|------------------------------|------------|-----|------------|
| Medicare Provider Number: |  |  |  | Medicaid Provider Number:    |            |     |            |
| 14-0150                   |  |  |  | 3098                         |            |     |            |
| Program:                  |  |  |  | Period Covered by Statement: |            |     |            |
| Medicaid-Hospital         |  |  |  | From:                        | 07/01/2018 | To: | 06/30/2019 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Cost to Charges<br>(Col. 1 / 2) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5) |
|----------------------------------------|--------------------------------|----------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
|                                        |                                | (1)                                                      | (2)                                                         |                                          | (4)                                                                  | (5)                                                                  | (6)                                                            | (7)                                                            |
| 1.                                     | Operating Room                 | 43,502,317                                               | 189,396,510                                                 | 0.229689                                 | 3,355,288                                                            | 4,451,244                                                            | 770,673                                                        | 1,022,402                                                      |
| 2.                                     | Recovery Room                  | 8,773,573                                                | 14,733,497                                                  | 0.595485                                 | 175,637                                                              | 437,242                                                              | 104,589                                                        | 260,371                                                        |
| 3.                                     | Delivery and Labor Room        | 19,673,599                                               | 45,727,143                                                  | 0.430239                                 | 4,971,375                                                            | 700,285                                                              | 2,138,879                                                      | 301,290                                                        |
| 4.                                     | Anesthesiology                 | 3,617,578                                                | 84,956,061                                                  | 0.042582                                 | 2,506,344                                                            | 1,773,474                                                            | 106,725                                                        | 75,518                                                         |
| 5.                                     | Radiology - Diagnostic         | 12,178,725                                               | 38,464,578                                                  | 0.316622                                 | 849,268                                                              | 823,057                                                              | 268,897                                                        | 260,598                                                        |
| 6.                                     | Radiology - Therapeutic        | 7,880,357                                                | 25,813,854                                                  | 0.305276                                 | 135,690                                                              | 1,538,186                                                            | 41,423                                                         | 469,571                                                        |
| 7.                                     | Nuclear Medicine               | 1,794,850                                                | 7,374,093                                                   | 0.243399                                 | 107,682                                                              | 333,000                                                              | 26,210                                                         | 81,052                                                         |
| 8.                                     | Laboratory                     | 44,633,359                                               | 406,717,506                                                 | 0.109740                                 | 10,533,896                                                           | 11,103,747                                                           | 1,155,990                                                      | 1,218,525                                                      |
| 9.                                     | Blood                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 10.                                    | Blood - Administration         | 8,569,188                                                | 39,941,059                                                  | 0.214546                                 | 1,751,333                                                            | 640,617                                                              | 375,741                                                        | 137,442                                                        |
| 11.                                    | Intravenous Therapy            | 855,491                                                  | 5,416,345                                                   | 0.157946                                 | 273,793                                                              | 38,927                                                               | 43,245                                                         | 6,148                                                          |
| 12.                                    | Respiratory Therapy            | 7,149,237                                                | 47,030,185                                                  | 0.152014                                 | 7,076,280                                                            | 194,870                                                              | 1,075,694                                                      | 29,623                                                         |
| 13.                                    | Physical Therapy               | 13,625,076                                               | 25,403,489                                                  | 0.536347                                 | 575,394                                                              | 474,938                                                              | 308,611                                                        | 254,732                                                        |
| 14.                                    | Occupational Therapy           | 5,145,205                                                | 9,027,713                                                   | 0.569934                                 | 539,910                                                              | 238,426                                                              | 307,713                                                        | 135,887                                                        |
| 15.                                    | Speech Pathology               | 970,877                                                  | 2,062,460                                                   | 0.470737                                 | 108,442                                                              | 172,364                                                              | 51,048                                                         | 81,138                                                         |
| 16.                                    | EKG                            | 497,213                                                  | 5,429,773                                                   | 0.091572                                 | 210,201                                                              | 101,865                                                              | 19,249                                                         | 9,328                                                          |
| 17.                                    | EEG                            | 1,167,635                                                | 6,021,016                                                   | 0.193927                                 | 468,093                                                              | 31,247                                                               | 90,776                                                         | 6,060                                                          |
| 18.                                    | Med. / Surg. Supplies          | 87,508,121                                               | 200,688,721                                                 | 0.436039                                 | 6,062,643                                                            | 1,643,260                                                            | 2,643,549                                                      | 716,525                                                        |
| 19.                                    | Drugs Charged to Patients      | 100,312,057                                              | 361,166,670                                                 | 0.277745                                 | 10,838,414                                                           | 2,093,780                                                            | 3,010,315                                                      | 581,537                                                        |
| 20.                                    | Renal Dialysis                 | 10,220,462                                               | 35,451,343                                                  | 0.288295                                 | 528,768                                                              | 245,128                                                              | 152,441                                                        | 70,669                                                         |
| 21.                                    | Ambulance                      |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 22.                                    | Ultrasound                     | 2,684,597                                                | 18,705,414                                                  | 0.143520                                 | 642,356                                                              | 437,910                                                              | 92,191                                                         | 62,849                                                         |
| 23.                                    | Radiology Angiography          | 4,999,237                                                | 63,139,381                                                  | 0.079178                                 | 2,821,696                                                            | 476,274                                                              | 223,416                                                        | 37,710                                                         |
| 24.                                    | Radiology W. Harrison          | 2,933,137                                                | 16,154,373                                                  | 0.181569                                 |                                                                      | 525,471                                                              |                                                                | 95,409                                                         |
| 25.                                    | CT Scan                        | 5,349,365                                                | 116,968,359                                                 | 0.045733                                 | 3,121,990                                                            | 2,485,565                                                            | 142,778                                                        | 113,672                                                        |
| 26.                                    | MRI                            | 5,195,700                                                | 73,611,842                                                  | 0.070582                                 | 1,722,681                                                            | 1,747,532                                                            | 121,590                                                        | 123,344                                                        |
| 27.                                    | Cardiac Catheterization        | 2,689,832                                                | 25,592,589                                                  | 0.105102                                 | 588,241                                                              | 207,095                                                              | 61,825                                                         | 21,766                                                         |
| 28.                                    | Lab Tissue Typing              | 2,052,294                                                | 7,185,591                                                   | 0.285612                                 | 29,873                                                               | 53,600                                                               | 8,532                                                          | 15,309                                                         |
| 29.                                    | Lab Outreach                   | 12,132,864                                               | 175,016,898                                                 | 0.069324                                 |                                                                      |                                                                      |                                                                |                                                                |
| 30.                                    | Gastroenterology               | 7,402,388                                                | 39,027,446                                                  | 0.189671                                 | 500,619                                                              | 556,088                                                              | 94,953                                                         | 105,474                                                        |
| 31.                                    | Bone Marrow Transplant         | 2,818,869                                                | 3,698,620                                                   | 0.762141                                 | 56,363                                                               | 7,159                                                                | 42,957                                                         | 5,456                                                          |
| 32.                                    | Cardiac Services               | 6,284,330                                                | 35,752,820                                                  | 0.175772                                 | 1,656,994                                                            | 389,383                                                              | 291,253                                                        | 68,443                                                         |
| 33.                                    | Kidney Acquisition             | 12,944,857                                               | 21,044,320                                                  | 0.615124                                 | 95,656                                                               |                                                                      | 58,840                                                         |                                                                |
| 34.                                    | Liver Acquisition              | 3,660,676                                                | 7,309,555                                                   | 0.500807                                 | 531,604                                                              |                                                                      | 266,231                                                        |                                                                |
| 35.                                    | Pancreas Acquisition           | 1,232,468                                                | 2,658,020                                                   | 0.463679                                 |                                                                      |                                                                      |                                                                |                                                                |
| 36.                                    | Other Organ Acquisition        | 221,371                                                  | 96,684                                                      | 2.289634                                 |                                                                      |                                                                      |                                                                |                                                                |
| 37.                                    | Radio Mile Square              | 854,183                                                  | 2,578,635                                                   | 0.331254                                 |                                                                      |                                                                      |                                                                |                                                                |
| 38.                                    | Telemedicine Prgm              | 2,151,284                                                | 1,594,818                                                   | 1.348921                                 |                                                                      |                                                                      |                                                                |                                                                |
| 39.                                    | Sleep Lab West Harr            | 1,992,802                                                | 7,396,027                                                   | 0.269442                                 |                                                                      | 285,991                                                              |                                                                | 77,058                                                         |
| 40.                                    | Sickle Cell Clinic             | 2,017,530                                                | 6,271,098                                                   | 0.321719                                 |                                                                      | 122,190                                                              |                                                                | 39,311                                                         |
| 41.                                    | Heart Ctr                      | 400,607                                                  | 737,314                                                     | 0.543333                                 |                                                                      | 12,294                                                               |                                                                | 6,680                                                          |
| 42.                                    | Hyperbaric Oxygen Ther.        | 227,536                                                  | 205,920                                                     | 1.104973                                 |                                                                      |                                                                      |                                                                |                                                                |
| <b>Outpatient Service Cost Centers</b> |                                |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 43.                                    | Clinic                         | 105,075,382                                              | 182,153,955                                                 | 0.576849                                 | 21,953                                                               | 8,364,445                                                            | 12,664                                                         | 4,825,022                                                      |
| 44.                                    | Emergency                      | 22,326,984                                               | 112,267,003                                                 | 0.198874                                 | 2,173,807                                                            | 4,208,907                                                            | 432,314                                                        | 837,042                                                        |
| 45.                                    | Observation                    | 12,603,708                                               | 22,660,444                                                  | 0.556199                                 | 4,053                                                                | 1,114,343                                                            | 2,254                                                          | 619,796                                                        |
| 46.                                    | <b>Total</b>                   |                                                          |                                                             |                                          | <b>65,036,337</b>                                                    | <b>48,029,904</b>                                                    | <b>14,543,566</b>                                              | <b>12,772,757</b>                                              |

\* If Medicare claims billed net of professional component, total hospital professional component charges must be added to CMS 2552, W/S C charges to recompute the department cost to charge ratio.

**Hospital Statement of Cost / Computation of Inpatient Operating Cost**

BHF Page 4

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0150 | <b>Medicaid Provider Number:</b><br>3098                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2018 To: 06/30/2019 |

**Program Inpatient Operating Cost**

| Line No. | Description                                                                                                              | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|----------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| 1. a)    | Adjusted general inpatient routine service cost (net of swing bed and private room cost differential) (see instructions) | 134,235,820           | 20,205,150  |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 77,429                | 13,012      |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,733.66              | 1,552.81    |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 3,323                 |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 5,760,952             |             |              |                     |
| 4.       | Average per diem private room cost differential (BHF Supplement No. 1, Part II, Line 6)                                  |                       |             |              |                     |
| 5.       | Medically necessary private room days applicable to the program (BHF Page 2, Pt. II, Col. 3)                             |                       |             |              |                     |
| 6.       | Medically necessary private room cost applicable to the program (Line 4 X Line 5)                                        |                       |             |              |                     |
| 7.       | Total program inpatient routine service cost (Line 3 + Line 6)                                                           | 5,760,952             |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs<br>(CMS 2552-10,<br>W/S C, Pt. 1, Col. 1) | Total Days<br>(CMS 2552-10,<br>W/S S-3,<br>Part 1, Col. 8) | Average<br>Per Diem<br>(Col. A / Col. B) | Program Days<br>(BHF Page 2,<br>Part II, Col. 4) | Program Cost<br>(Col. C x Col. D) |
|----------|-----------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|------------------------------------------|--------------------------------------------------|-----------------------------------|
|          |                                                                             | (A)                                                         | (B)                                                        | (C)                                      | (D)                                              | (E)                               |
| 8.       | Intensive Care Unit                                                         | 35,300,642                                                  | 13,139                                                     | 2,686.71                                 | 629                                              | 1,689,941                         |
| 9.       | Coronary Care Unit                                                          | 17,982,078                                                  | 5,688                                                      | 3,161.41                                 | 206                                              | 651,250                           |
| 10.      | Pediatric ICU                                                               | 7,332,936                                                   | 1,687                                                      | 4,346.73                                 | 263                                              | 1,143,190                         |
| 11.      | Neonatal ICU                                                                | 20,332,671                                                  | 8,629                                                      | 2,356.32                                 | 2,715                                            | 6,397,409                         |
| 12.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 13.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 14.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 15.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 16.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 17.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 18.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 19.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 20.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 21.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 22.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 23.      | Nursery                                                                     | 2,648,945                                                   | 3,360                                                      | 788.38                                   | 1,131                                            | 891,658                           |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                             |                                                            |                                          |                                                  | 14,543,566                        |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                             |                                                            |                                          |                                                  | <b>31,077,966</b>                 |

**Hospital Statement of Cost  
Apportionment of Cost of Services Rendered by Interns and Residents Not in an Approved Teaching Program**  
PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0150           | Medicaid Provider Number:    | 3098                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2018 To: 06/30/2019 |

| Line No. | Hospital Inpatient Services                        | Percent of Assignable Time (CMS 2552-10, W/S D-2, Col. 1)<br>(1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2)<br>(2) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8)<br>(3) | Average Cost Per Day (Col. 2 / Col. 3)<br>(4) | Program Inpatient Days (BHF Page 2, Part II, Column 4)<br>(5) | Program Inpatient Expenses (Col. 4 X Col. 5)<br>(6) |
|----------|----------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------|
| 1.       | Total Cost of Svcs. Rendered                       | 100%                                                             |                                                          |                                                                          |                                               |                                                               |                                                     |
| 2.       | Adults and Pediatrics (General Service Care)       |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 3.       | Psych                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 4.       | Rehab                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 5.       | Other (Sub)                                        |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 6.       | Intensive Care Unit                                |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 7.       | Coronary Care Unit                                 |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 8.       | Pediatric ICU                                      |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 9.       | Neonatal ICU                                       |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 10.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 11.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 12.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 13.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 14.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 15.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 16.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 17.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 18.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 19.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 20.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 21.      | Nursery                                            |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 22.      | Subtotal Inpatient Care Svcs. (Lines 2 through 21) |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |

| Line No. | Hospital Outpatient Services                         | Percent of Assignable Time (CMS 2552-10, W/S D-2, Col. 1)<br>(1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2)<br>(2) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Lines 88-93)<br>(3) | Ratio of Cost to Charges (Col. 2 / Col. 3)<br>(4) | Program Charges (BHF Page 3, Cols. 4-5, Lines 43-45) |                    | Program Expenses (Col. 4 X Cols. 5A-B) |                    |
|----------|------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|--------------------|----------------------------------------|--------------------|
|          |                                                      |                                                                  |                                                          |                                                                     |                                                   | Inpatient<br>(5A)                                    | Outpatient<br>(5B) | Inpatient<br>(6A)                      | Outpatient<br>(6B) |
| 23.      | Clinic                                               |                                                                  |                                                          |                                                                     |                                                   |                                                      |                    |                                        |                    |
| 24.      | Emergency                                            |                                                                  |                                                          |                                                                     |                                                   |                                                      |                    |                                        |                    |
| 25.      | Observation                                          |                                                                  |                                                          |                                                                     |                                                   |                                                      |                    |                                        |                    |
| 26.      | Subtotal Outpatient Care Svcs. (Lines 23 through 25) |                                                                  |                                                          |                                                                     |                                                   |                                                      |                    |                                        |                    |
| 27.      | Total (Sum of Lines 22 and 26)                       |                                                                  |                                                          |                                                                     |                                                   |                                                      |                    |                                        |                    |

**Hospital Statement of Cost / Analysis of Hospital - Based Physician Expense**

BHF Page 6(a)

**PRELIMINARY**

|                                  |                          |                                     |                                  |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------|
| <b>Medicare Provider Number:</b> | <b>14-0150</b>           | <b>Medicaid Provider Number:</b>    | <b>3098</b>                      |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> |                                  |
|                                  |                          | <b>From:</b>                        | <b>07/01/2018 To: 06/30/2019</b> |

| Line No. | Cost Centers                             | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Professional Component to Charges (Col. 1 / Col. 2) | Inpatient Program Charges (BHF Page 3, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | <b>Inpatient Ancillary Cost Centers</b>  | <b>(1)</b>                                              | <b>(2)</b>                                               | <b>(3)</b>                                                   | <b>(4)</b>                                     | <b>(5)</b>                                      | <b>(6)</b>                                             | <b>(7)</b>                                              |
| 1.       | Operating Room                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 2.       | Recovery Room                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 17.      | EEG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Ultrasound                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | Radiology Angiography                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Radiology W. Harrison                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Cardiac Catheterization                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Lab Tissue Typing                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Lab Outreach                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Gastroenterology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Bone Marrow Transplant                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Cardiac Services                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Kidney Acquisition                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Liver Acquisition                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Pancreas Acquisition                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Other Organ Acquisition                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Radio Mile Square                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Telemedicine Prgm                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Sleep Lab West Harr                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Sickle Cell Clinic                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Heart Ctr                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Hyperbaric Oxygen Ther.                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |

\* If Medicare claims billed net of professional component, total hospital professional component charges must be added to W/S C charges to recompute the professional component to total charge ratio.

**Hospital Statement of Cost / Analysis of Hospital - Based Physician Expense**

BHF Page 6(b)

**PRELIMINARY**

|                                  |  |                                     |                |
|----------------------------------|--|-------------------------------------|----------------|
| <b>Medicare Provider Number:</b> |  | <b>Medicaid Provider Number:</b>    |                |
| 14-0150                          |  | 3098                                |                |
| <b>Program:</b>                  |  | <b>Period Covered by Statement:</b> |                |
| Medicaid-Hospital                |  | From: 07/01/2018                    | To: 06/30/2019 |

| Line No. | Cost Centers                          | Professional Component<br>(CMS 2552-10, W/S A-8-2, Col. 4) | Total Days Including Private<br>(CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Professional Component Cost Per Diem<br>(Col. 1 / Col. 2) | Program Days Including Private<br>(BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for H B P<br>(Col. 3 X Col. 5) |
|----------|---------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <b>Routine Service Cost Centers</b>   | (1)                                                        | (2)                                                                  | (3)                                                       | (4)                                                          | (5)                                                | (6)                                                       | (7)                                                        |
| 47.      | Adults and Pediatrics                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 48.      | Psych                                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 52.      | Coronary Care Unit                    |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 53.      | Pediatric ICU                         |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 54.      | Neonatal ICU                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                                 |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                               |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |

**Hospital Statement of Cost  
Computation of Lesser of Reasonable Cost or Customary Charges**

BHF Page 7

**PRELIMINARY**

| <b>Medicare Provider Number:</b><br>14-0150 |                                                                                                          | <b>Medicaid Provider Number:</b><br>3098                               |                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|
| <b>Program:</b><br>Medicaid-Hospital        |                                                                                                          | <b>Period Covered by Statement:</b><br>From: 07/01/2018 To: 06/30/2019 |                           |
| Line No.                                    | Reasonable Cost                                                                                          | Program Inpatient<br>(1)                                               | Program Outpatient<br>(2) |
| 1.                                          | Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                                                                        | 12,772,757                |
| 2.                                          | Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    | 31,077,966                                                             |                           |
| 3.                                          | Interns and Residents Not in an Approved Teaching Program (BHF Page 5, Line 27, Cols. 6a and 6b)         |                                                                        |                           |
| 4.                                          | Hospital Based Physician Services<br>(BHF Page 6, Line 69, Cols. 6 & 7)                                  |                                                                        |                           |
| 5.                                          | Services of Teaching Physicians<br>(BHF Supplement No. 1, Part 1C, Lines 7 and 8)                        |                                                                        |                           |
| 6.                                          | Graduate Medical Education<br>(BHF Supplement No. 2, Cols. 6 and 7, Line 69)                             | 3,248,810                                                              | 1,406,009                 |
| 7.                                          | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>34,326,776</b>                                                      | <b>14,178,766</b>         |
| 8.                                          | Ratio of Inpatient and Outpatient Cost to Total Cost<br>(Line 7 Divided by Sum of Line 7, Cols. 1 and 2) | 71.00%                                                                 | 29.00%                    |

| Line No. | Customary Charges                                                                                     | Program Inpatient<br>(1) | Program Outpatient<br>(2) |
|----------|-------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|
| 9.       | Ancillary Services<br>(See Instructions)                                                              | 65,036,337               | 48,029,904                |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 12,798,256               |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 4,729,754                |                           |
|          | F. Coronary Care Unit                                                                                 | 1,563,935                |                           |
|          | G. Pediatric ICU                                                                                      | 1,454,225                |                           |
|          | H. Neonatal ICU                                                                                       | 19,729,098               |                           |
|          | I. Other                                                                                              |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            | 2,598,241                |                           |
| 11.      | Services of Teaching Physicians<br>(Provider's Records)                                               |                          |                           |
| 12.      | <b>Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             | <b>107,909,846</b>       | <b>48,029,904</b>         |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 107,434,208               |
| 14.      | Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                          |                           |
| 15.      | Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                          |                           |

**Hospital Statement of Cost / Computation of Allowable Cost**

BHF Page 8

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0150 | <b>Medicaid Provider Number:</b><br>3098                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2018 To: 06/30/2019 |

| Line No. | Allowable Cost                                                                                                        | Program Inpatient | Program Outpatient |
|----------|-----------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
|          |                                                                                                                       | (1)               | (2)                |
| 1.       | Total Reasonable Cost of Covered Services<br>(BHF Page 7, Line 7, Cols. 1 & 2)                                        | 34,326,776        | 14,178,766         |
| 2.       | Excess Reasonable Cost<br>(BHF Page 7, Line 15, Columns 1 & 2)                                                        |                   |                    |
| 3.       | Total Current Cost Reporting Period Cost<br>(Line 1 Minus Line 2)                                                     | 34,326,776        | 14,178,766         |
| 4.       | Recovery of Excess Reasonable Cost Under<br>Lower of Cost or Charges<br>(BHF Page 9, Part III, Line 4, Cols. 2B & 3B) |                   |                    |
| 5.       | Protested Amounts (Nonallowable Cost Items)<br>In Accordance With CMS Pub. 15-II, Ch. 1, Sec. 115.2                   |                   |                    |
| 6.       | <b>Total Allowable Cost</b><br><b>(Sum of Lines 3 and 4, Plus or Minus Line 5)</b>                                    | <b>34,326,776</b> | <b>14,178,766</b>  |

| Line No. | Total Amount Received / Receivable                                             | Program Inpatient | Program Outpatient |
|----------|--------------------------------------------------------------------------------|-------------------|--------------------|
|          |                                                                                | (1)               | (2)                |
| 7.       | Amount Received / Receivable From:                                             |                   |                    |
|          | A. State Agency                                                                |                   |                    |
|          | B. Other (Patients and Third Party Payors)                                     |                   |                    |
| 8.       | Total Amount Received / Receivable<br>(Sum of Lines 7A and 7B)                 |                   |                    |
| 9.       | <b>Balance Due Provider / (State Agency) *</b><br><b>(Line 6 Minus Line 8)</b> |                   |                    |

\* Line 9 DOES NOT APPLY to the Medicaid program.

**Hospital Statement of Cost / Recovery of Excess Reasonable Cost**

BHF Page 9

**PRELIMINARY**

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>14-0150</b>           | <b>Medicaid Provider Number:</b>    | <b>3098</b>                            |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 07/01/2018 To: 06/30/2019</b> |

**Part I - Computation of Recovery of Excess Reasonable Cost Under Lower of Cost or Charges**

| Line No. | (Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed Under 42 CFR Section 405.460) (Limitation on Coverage of Costs) |             |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1.       | Excess of Customary Charges Over Reasonable Cost (BHF Page 7, Line 13)                                                                                  | 107,434,208 |
| 2.       | Carry Over of Excess Reasonable Cost (Must Equal Part II, Line 1, Col. 5)                                                                               |             |
| 3.       | Recovery of Excess Reasonable Cost (Lesser of Line 1 or 2)                                                                                              |             |

**Part II - Computation of Carry Over of Excess Reasonable Cost Under Lower of Cost or Charges**

| Line No. | Description                                                             | Prior Cost Reporting Period Ended |     |     | Current Cost Reporting Period | Sum of Columns 1 - 4 |
|----------|-------------------------------------------------------------------------|-----------------------------------|-----|-----|-------------------------------|----------------------|
|          |                                                                         | to                                | to  | to  |                               |                      |
|          |                                                                         | (1)                               | (2) | (3) | (4)                           | (5)                  |
| 1.       | Carry Over - Beginning of Current Period                                |                                   |     |     |                               |                      |
| 2.       | Recovery of Excess Reasonable Cost (Part I, Line 3)                     |                                   |     |     |                               |                      |
| 3.       | Excess Reasonable Cost - Current Period (BHF Page 7, Line 14)           |                                   |     |     |                               |                      |
| 4.       | Carry Over - End of Current Period (Line 1 Minus Line 2 or Plus Line 3) |                                   |     |     |                               |                      |

**Part III - Allocation of Recovered Excess Reasonable Cost Under Lower of Cost or Charges**

| Line No. | Description                | Total (Part II, Cols. 1-3, Line 2) | Inpatient |                    | Outpatient |                    |
|----------|----------------------------|------------------------------------|-----------|--------------------|------------|--------------------|
|          |                            |                                    | Ratio     | Amount (Col. 1x2A) | Ratio      | Amount (Col. 1x3A) |
|          |                            |                                    | (1)       | (2A)               | (3A)       | (3B)               |
| 1.       | Cost Report Period ended   |                                    |           |                    |            |                    |
| 2.       | Cost Report Period ended   |                                    |           |                    |            |                    |
| 3.       | Cost Report Period ended   |                                    |           |                    |            |                    |
| 4.       | Total (Sum of Lines 1 - 3) |                                    |           |                    |            |                    |

**Hospital Statement of Cost  
Teaching Physicians / Routine Services Questionnaire**

BHF Supplement No. 1

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0150 | <b>Medicaid Provider Number:</b><br>3098                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2018 To: 06/30/2019 |

**Part I - Apportionment of Cost for the Services of Teaching Physicians**

**Part A. Cost of Physicians Direct Medical and Surgical Services**

|                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------|--|
| 1. Physicians on hospital staff average per diem<br>(CMS 2552-10, Supplemental W/S D-5, Part II, Col. 1, Line 3)         |  |
| 2. Physicians on medical school faculty average per diem<br>(CMS 2552-10, Supplemental W/S D-5, Part II, Col. 2, Line 3) |  |
| 3. Total Per Diem<br>(Line 1 Plus Line 2)                                                                                |  |

**Part B. Program Data**

|                                                                              | General Service | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|------------------------------------------------------------------------------|-----------------|-------------|--------------|---------------------|
| 4. Program inpatient days<br>(BHF Page 2, Part II, Column 4)                 |                 |             |              |                     |
| 5. Program outpatient occasions of service<br>(BHF Page 2, Part III, Line 1) |                 |             |              |                     |

**Part C. Program Cost**

|                                                                                 | General Service | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|---------------------------------------------------------------------------------|-----------------|-------------|--------------|---------------------|
| 6. Program inpatient cost (Line 4 X Line 3)<br>(to BHF Page 7, Col. 1, Line 5)  |                 |             |              |                     |
| 7. Program outpatient cost (Line 5 X Line 3)<br>(to BHF Page 7, Col. 2, Line 5) |                 |             |              |                     |

**Part II - Routine Services Questionnaire**

|                                                                                                                                                | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| 1. Gross Routine Revenues                                                                                                                      |                       |             |              |                     |
| (A) General inpatient routine service charges (Excluding swing bed charges) (CMS 2552-10, W/S D - 1, Part I, Line 28)                          |                       |             |              |                     |
| (B) Routine general care semi-private room charges (Excluding swing bed charges)(CMS 2552-10, W/S D - 1, Part I, Line 30)                      |                       |             |              |                     |
| (C) Private room charges<br>(A Minus B) or (CMS 2552-10, W/S D-1, Part 1, Line 29)                                                             |                       |             |              |                     |
| 2. Routine Days                                                                                                                                |                       |             |              |                     |
| (A) Semi-private general care days<br>(CMS 2552-10, W/S D - 1, Part I, Line 4)                                                                 |                       |             |              |                     |
| (B) Private room days<br>(CMS 2552-10, W/S D - 1, Part I, Line 3)                                                                              |                       |             |              |                     |
| 3. Private room charge per diem<br>(1C Divided by 2B) or (CMS 2552-10, W/S D-1, Part 1, Line 32)                                               |                       |             |              |                     |
| 4. Semi-private room charge per diem<br>(1B Divided by 2A) or (CMS 2552-10, W/S D-1, Part 1, Line 33)                                          |                       |             |              |                     |
| 5. Private room charge differential per diem<br>(Line 3 Minus Line 4) or (CMS 2552-10, W/S D-1, Part 1, Line 34)                               |                       |             |              |                     |
| 6. Private room cost differential (To BHF Page 4, Line 4)<br>((Line 5 X (CMS 2552-10, W/S D-1, Part I, Line 27)<br>Divided by (Line 1A Above)) |                       |             |              |                     |
| 7. Private room cost differential adjustment<br>(Line 2B X Line 6)                                                                             |                       |             |              |                     |
| 8. General inpatient routine service cost (net of swing bed and private room cost differential)<br>(CMS 2552-10, W/S D-1, Part I, Line 37)     |                       |             |              |                     |
| 9. Adjusted general inpatient routine service cost per diem (Line 8<br>Divided by the Sum of Lines 2A + 2B) (to BHF Page 4, Line 1c)           |                       |             |              |                     |

**Hospital Statement of Cost / Graduate Medical Education Expense**

BHF Supplement No. 2(a)

**PRELIMINARY**

|                                  |  |                                     |                       |
|----------------------------------|--|-------------------------------------|-----------------------|
| <b>Medicare Provider Number:</b> |  | <b>Medicaid Provider Number:</b>    |                       |
| <b>14-0150</b>                   |  | <b>3098</b>                         |                       |
| <b>Program:</b>                  |  | <b>Period Covered by Statement:</b> |                       |
| <b>Medicaid-Hospital</b>         |  | <b>From: 07/01/2018</b>             | <b>To: 06/30/2019</b> |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of G M E Cost to Charges<br>(Col. 1 / Col. 2) | Inpatient Program Charges<br>(BHF Page 3, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | <b>(1)</b>                                         | <b>(2)</b>                                                  | <b>(3)</b>                                          | <b>(4)</b>                                        | <b>(5)</b>                                         | <b>(6)</b>                                                | <b>(7)</b>                                                 |
| 1.       | Operating Room                      | 9,464,759                                          | 189,396,510                                                 | 0.049973                                            | 3,355,288                                         | 4,451,244                                          | 167,674                                                   | 222,442                                                    |
| 2.       | Recovery Room                       | 117,971                                            | 14,733,497                                                  | 0.008007                                            | 175,637                                           | 437,242                                            | 1,406                                                     | 3,501                                                      |
| 3.       | Delivery and Labor Room             | 1,458,639                                          | 45,727,143                                                  | 0.031899                                            | 4,971,375                                         | 700,285                                            | 158,582                                                   | 22,338                                                     |
| 4.       | Anesthesiology                      | 2,435,612                                          | 84,956,061                                                  | 0.028669                                            | 2,506,344                                         | 1,773,474                                          | 71,854                                                    | 50,844                                                     |
| 5.       | Radiology - Diagnostic              | 307,986                                            | 38,464,578                                                  | 0.008007                                            | 849,268                                           | 823,057                                            | 6,800                                                     | 6,590                                                      |
| 6.       | Radiology - Therapeutic             | 2,453,073                                          | 25,813,854                                                  | 0.095029                                            | 135,690                                           | 1,538,186                                          | 12,894                                                    | 146,172                                                    |
| 7.       | Nuclear Medicine                    | 304,550                                            | 7,374,093                                                   | 0.041300                                            | 107,682                                           | 333,000                                            | 4,447                                                     | 13,753                                                     |
| 8.       | Laboratory                          | 10,615,505                                         | 406,717,506                                                 | 0.026100                                            | 10,533,896                                        | 11,103,747                                         | 274,935                                                   | 289,808                                                    |
| 9.       | Blood                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 10.      | Blood - Administration              | 1,805,120                                          | 39,941,059                                                  | 0.045195                                            | 1,751,333                                         | 640,617                                            | 79,151                                                    | 28,953                                                     |
| 11.      | Intravenous Therapy                 | 43,369                                             | 5,416,345                                                   | 0.008007                                            | 273,793                                           | 38,927                                             | 2,192                                                     | 312                                                        |
| 12.      | Respiratory Therapy                 | 1,984,636                                          | 47,030,185                                                  | 0.042199                                            | 7,076,280                                         | 194,870                                            | 298,612                                                   | 8,223                                                      |
| 13.      | Physical Therapy                    | 540,977                                            | 25,403,489                                                  | 0.021295                                            | 575,394                                           | 474,938                                            | 12,253                                                    | 10,114                                                     |
| 14.      | Occupational Therapy                | 250,276                                            | 9,027,713                                                   | 0.027723                                            | 539,910                                           | 238,426                                            | 14,968                                                    | 6,610                                                      |
| 15.      | Speech Pathology                    | 188,368                                            | 2,062,460                                                   | 0.091332                                            | 108,442                                           | 172,364                                            | 9,904                                                     | 15,742                                                     |
| 16.      | EKG                                 | 546,764                                            | 5,429,773                                                   | 0.100697                                            | 210,201                                           | 101,865                                            | 21,167                                                    | 10,257                                                     |
| 17.      | EEG                                 | 48,210                                             | 6,021,016                                                   | 0.008007                                            | 468,093                                           | 31,247                                             | 3,748                                                     | 250                                                        |
| 18.      | Med. / Surg. Supplies               | 3,736,681                                          | 200,688,721                                                 | 0.018619                                            | 6,062,643                                         | 1,643,260                                          | 112,880                                                   | 30,596                                                     |
| 19.      | Drugs Charged to Patients           | 12,620,041                                         | 361,166,670                                                 | 0.034942                                            | 10,838,414                                        | 2,093,780                                          | 378,716                                                   | 73,161                                                     |
| 20.      | Renal Dialysis                      | 1,550,888                                          | 35,451,343                                                  | 0.043747                                            | 528,768                                           | 245,128                                            | 23,132                                                    | 10,724                                                     |
| 21.      | Ambulance                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 22.      | Ultrasound                          | 376,867                                            | 18,705,414                                                  | 0.020147                                            | 642,356                                           | 437,910                                            | 12,942                                                    | 8,823                                                      |
| 23.      | Radiology Angiography               | 2,328,440                                          | 63,139,381                                                  | 0.036878                                            | 2,821,696                                         | 476,274                                            | 104,059                                                   | 17,564                                                     |
| 24.      | Radiology W. Harrison               | 129,348                                            | 16,154,373                                                  | 0.008007                                            |                                                   | 525,471                                            |                                                           | 4,207                                                      |
| 25.      | CT Scan                             | 1,998,380                                          | 116,968,359                                                 | 0.017085                                            | 3,121,990                                         | 2,485,565                                          | 53,339                                                    | 42,466                                                     |
| 26.      | MRI                                 | 1,626,673                                          | 73,611,842                                                  | 0.022098                                            | 1,722,681                                         | 1,747,532                                          | 38,068                                                    | 38,617                                                     |
| 27.      | Cardiac Catheterization             | 2,439,026                                          | 25,592,589                                                  | 0.095302                                            | 588,241                                           | 207,095                                            | 56,061                                                    | 19,737                                                     |
| 28.      | Lab Tissue Typing                   | 57,535                                             | 7,185,591                                                   | 0.008007                                            | 29,873                                            | 53,600                                             | 239                                                       | 429                                                        |
| 29.      | Lab Outreach                        | 1,401,360                                          | 175,016,898                                                 | 0.008007                                            |                                                   |                                                    |                                                           |                                                            |
| 30.      | Gastroenterology                    | 312,493                                            | 39,027,446                                                  | 0.008007                                            | 500,619                                           | 556,088                                            | 4,008                                                     | 4,453                                                      |
| 31.      | Bone Marrow Transplant              | 29,615                                             | 3,698,620                                                   | 0.008007                                            | 56,363                                            | 7,159                                              | 451                                                       | 57                                                         |
| 32.      | Cardiac Services                    | 286,273                                            | 35,752,820                                                  | 0.008007                                            | 1,656,994                                         | 389,383                                            | 13,268                                                    | 3,118                                                      |
| 33.      | Kidney Acquisition                  | 463,109                                            | 21,044,320                                                  | 0.022006                                            | 95,656                                            |                                                    | 2,105                                                     |                                                            |
| 34.      | Liver Acquisition                   | 328,585                                            | 7,309,555                                                   | 0.044953                                            | 531,604                                           |                                                    | 23,897                                                    |                                                            |
| 35.      | Pancreas Acquisition                | 21,283                                             | 2,658,020                                                   | 0.008007                                            |                                                   |                                                    |                                                           |                                                            |
| 36.      | Other Organ Acquisition             | 62,151                                             | 96,684                                                      | 0.642826                                            |                                                   |                                                    |                                                           |                                                            |
| 37.      | Radio Mile Square                   | 20,647                                             | 2,578,635                                                   | 0.008007                                            |                                                   |                                                    |                                                           |                                                            |
| 38.      | Telemedicine Prgm                   | 12,770                                             | 1,594,818                                                   | 0.008007                                            |                                                   |                                                    |                                                           |                                                            |
| 39.      | Sleep Lab West Harr                 | 59,220                                             | 7,396,027                                                   | 0.008007                                            |                                                   | 285,991                                            |                                                           | 2,290                                                      |
| 40.      | Sickle Cell Clinic                  | 50,213                                             | 6,271,098                                                   | 0.008007                                            |                                                   | 122,190                                            |                                                           | 978                                                        |
| 41.      | Heart Ctr                           | 5,904                                              | 737,314                                                     | 0.008007                                            |                                                   | 12,294                                             |                                                           | 98                                                         |
| 42.      | Hyperbaric Oxygen Ther.             | 1,649                                              | 205,920                                                     | 0.008008                                            |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              | 4,619,398                                          | 182,153,955                                                 | 0.025360                                            | 21,953                                            | 8,364,445                                          | 557                                                       | 212,122                                                    |
| 44.      | Emergency                           | 2,684,979                                          | 112,267,003                                                 | 0.023916                                            | 2,173,807                                         | 4,208,907                                          | 51,989                                                    | 100,660                                                    |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>2,016,298</b>                                          | <b>1,406,009</b>                                           |

\* If Medicare claims billed net of professional component, total hospital professional component charges must be added to W/S C charges to recompute the G M E cost to total charge ratio.

**Hospital Statement of Cost / Graduate Medical Education Expense**

BHF Supplement No. 2(b)

**PRELIMINARY**

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>14-0150</b>           | <b>Medicaid Provider Number:</b>    | <b>3098</b>                            |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 07/01/2018 To: 06/30/2019</b> |

| Line No. | Cost Centers                          | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Days Including Private<br>(CMS 2552-10, W/S S-3, Pt. 1, Col. 8) | GME Cost Per Diem<br>(Col. 1 / Col. 2) | Program Days Including Private<br>(BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|---------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <b>Routine Service Cost Centers</b>   | <b>(1)</b>                                         | <b>(2)</b>                                                            | <b>(3)</b>                             | <b>(4)</b>                                                   | <b>(5)</b>                                         | <b>(6)</b>                                                | <b>(7)</b>                                                 |
| 47.      | Adults and Pediatrics                 | 7,554,835                                          | 77,429                                                                | 97.57                                  | 3,323                                                        |                                                    | 324,225                                                   |                                                            |
| 48.      | Psych                                 | 1,050,460                                          | 13,012                                                                | 80.73                                  |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 1,422,916                                          | 13,139                                                                | 108.30                                 | 629                                                          |                                                    | 68,121                                                    |                                                            |
| 52.      | Coronary Care Unit                    | 1,066,230                                          | 5,688                                                                 | 187.45                                 | 206                                                          |                                                    | 38,615                                                    |                                                            |
| 53.      | Pediatric ICU                         | 582,977                                            | 1,687                                                                 | 345.57                                 | 263                                                          |                                                    | 90,885                                                    |                                                            |
| 54.      | Neonatal ICU                          | 2,074,933                                          | 8,629                                                                 | 240.46                                 | 2,715                                                        |                                                    | 652,849                                                   |                                                            |
| 55.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                               | 171,775                                            | 3,360                                                                 | 51.12                                  | 1,131                                                        |                                                    | 57,817                                                    |                                                            |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                    |                                                                       |                                        |                                                              |                                                    | <b>1,232,512</b>                                          |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | <b>2,016,298</b>                                          | <b>1,406,009</b>                                           |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | <b>3,248,810</b>                                          | <b>1,406,009</b>                                           |

# Hospital Statement of Cost Reconciliation of Patient Days and Revenue

PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0150 | Medicaid Provider Number:<br>3098                               |
| Program:<br>Medicaid-Hospital        | Period Covered by Statement:<br>From: 07/01/2018 To: 06/30/2019 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 7,136                 |             | 7,136                  |
| Newborn Days                       | 1,131                 |             | 1,131                  |
| Total Inpatient Revenue            | 107,909,846           |             | 107,909,846            |
| Ancillary Revenue                  | 65,036,337            |             | 65,036,337             |
| Routine Revenue                    | 42,873,509            |             | 42,873,509             |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    | 153,220               |             | 153,220                |
| Total Outpatient Revenue           | 48,029,904            |             | 48,029,904             |
| Outpatient Received and Receivable |                       |             |                        |

## Notes:

BHF Page 2, Part II, Col 7 - Changed Acute Discharges to agree with Medicare W/S S-3 col 14. Provider included Psych discharges in their total

Reclassified Blood charges as Blood Admin.

BHF Page 3, Column 1 Costs were adjusted to filed W/S C, Pt 1, Col 1. Provider combined W/S Col 1 amts with W/S B, Part 1, Col 25 amts

GME Costs were adjusted to filed W/S B, Pt 1, Col 25.

BHF Page 3 -Clinic costs and charges include Medicare lines 90, 93.01, 93.02, 93.03, and 93.04.

BHF Page 3 - Physical Therapy costs and charges include Medicare lines 66, 66.01, 66.02, 66.03

BHF Page 3 - Occupational Therapy costs and charges include Medicare lines 67 and 67.01